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To: Commissioner of Patents

Date: Oct 15, 2007

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RE: Revocation of Power of Attorney PTO/SB/82 (Attached)

Application Number: 10/817,172

Inventor: Donald P. Bushby

Examiner Name: Tarla R. Patel

Filing Date: 04/02/2004

Art Unit: 3772

Attorney Docket Number: Plantar Fasciitis

Inventor Telephone Number: 713-299-7263

Address: 1211 Nagle Street,
Houston, Texas 77003

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/817,172
Filing Date	04/02/2004
First Named Inventor	Donald P. Bushby
Art Unit	3772
Examiner Name	Tarla R. Patel
Attorney Docket Number	Plantar Fasciitis

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Donald P. Bushby				
Address	1211 Nagle Street				
City	Houston	State	Texas	Zip	77003
Country	USA				
Telephone	713-299-7263	Email	EEDON@Hotmail.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Donald P. Bushby</i>		
Name	Donald P. Bushby		
Date	October 15, 2007	Telephone	713-299-7263

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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